Provider Services Portal
Facilities, Agencies, Organizations and Groups
Milestone 4

Overview

This document describes how Facilities, Agencies, Organizations (FAOs) and Groups should complete Milestone 4 of the enrollment application in the Provider Services Portal. This Quick Reference Guide is based on an example of a Group provider enrollment. Enrollment screens and requirements will vary based upon the specific provider type enrolling.

Note: At this time the portal is only available to providers who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system.

Milestone 4 of an Application

Milestone 4 of an application is comprised of steps 9 and 10. Optional steps will be marked as such on the left-hand menu next to the step number. Required fields are marked with a red asterisk (*). The application will not move forward if required fields are left blank. To identify information still missing from a step marked as incomplete, hover over the triangle with an exclamation point (⚠).

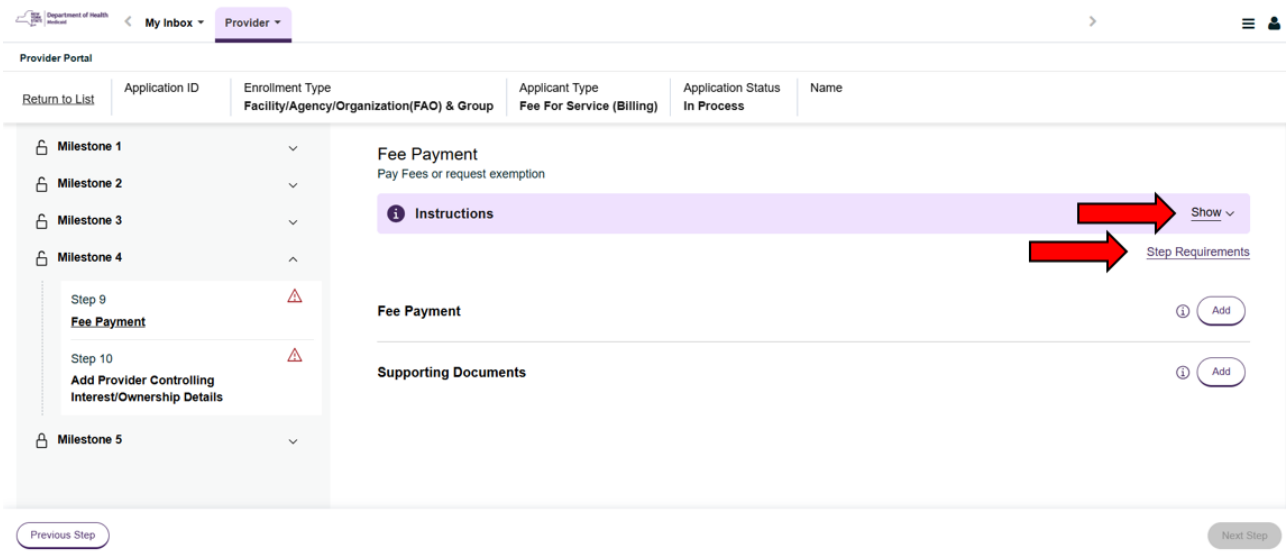
Step 9 Fee Payment. Not all provider types are required to pay a fee.

Provider Enrollment Application Fee

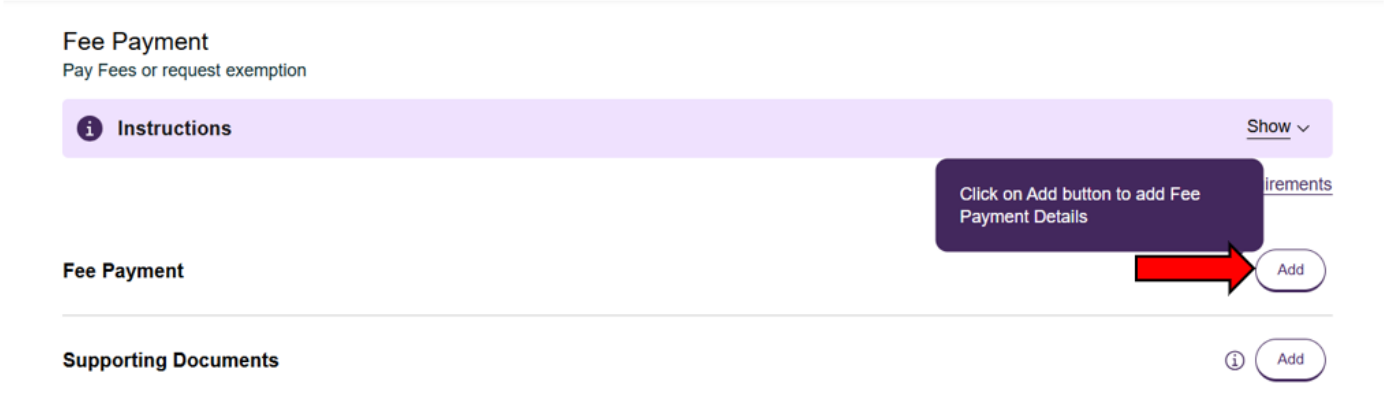
42 CFR § 455.460 requires the collection of an application fee for certain provider types and enrollment transactions. Review the Instructions for the page for more information by selecting the "Show" arrow.

Click the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide requirements for that step.

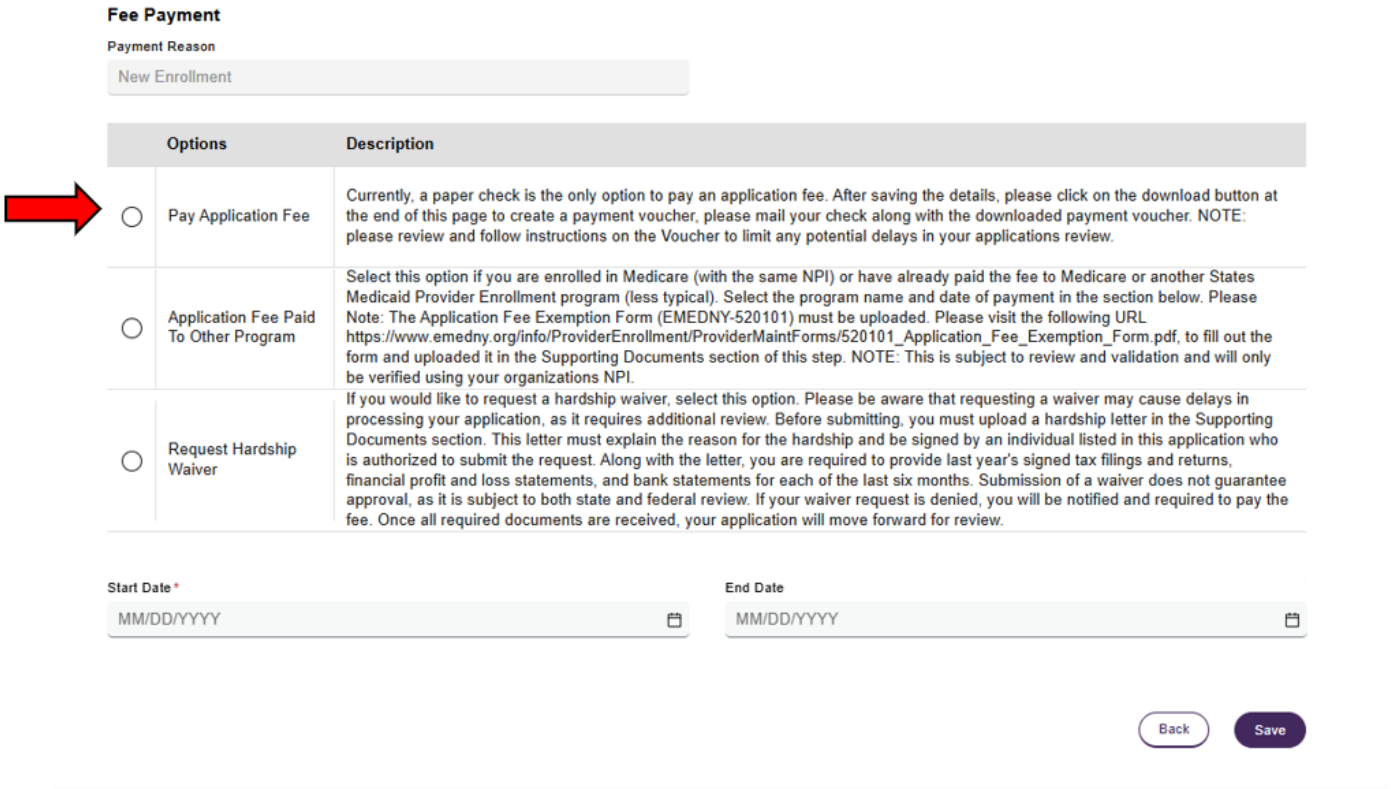
Click the arrow next to the Step Requirements button below the purple instructions banner of any screen to display or hide requirements for that step.



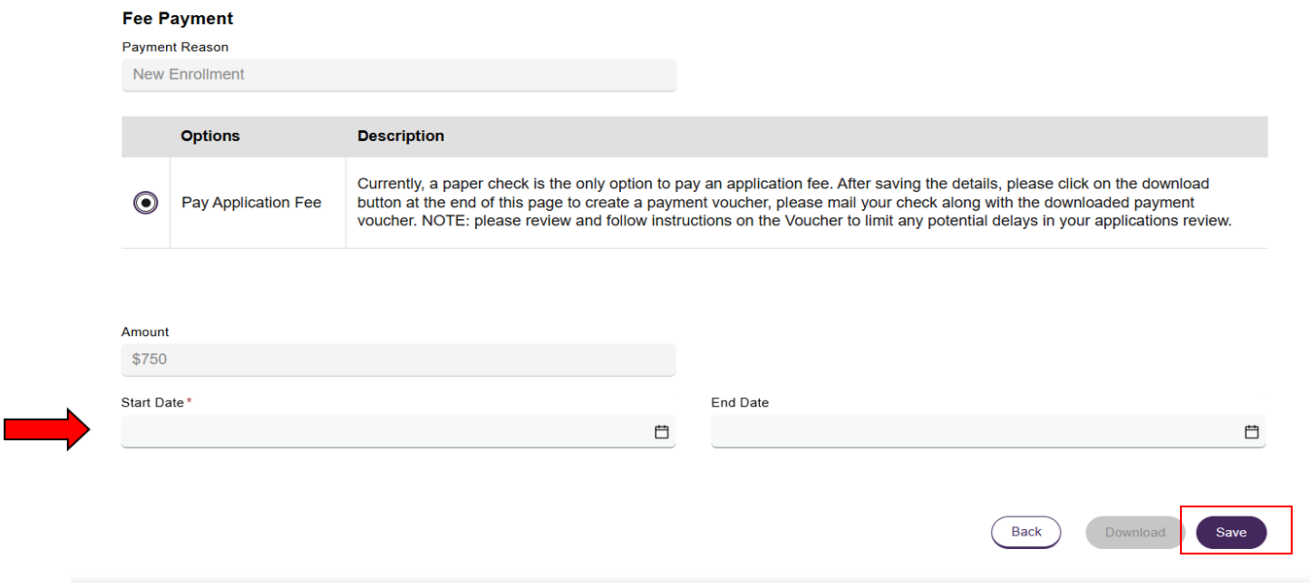
Click the **Add** button to add Fee Payment Details, if required for your provider type.



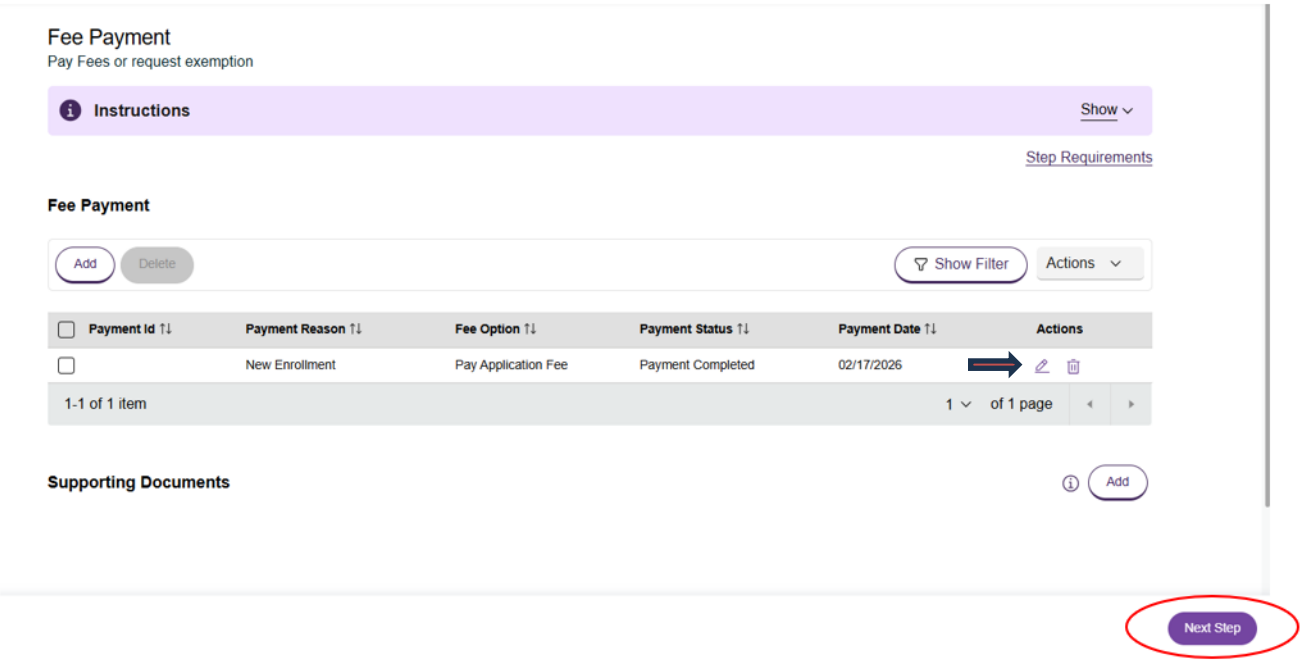
Click the Option that applies to applicant. Review of the Fee Payment options and descriptions to determine which option is appropriate. In the description you will find additional instructions related to each option.



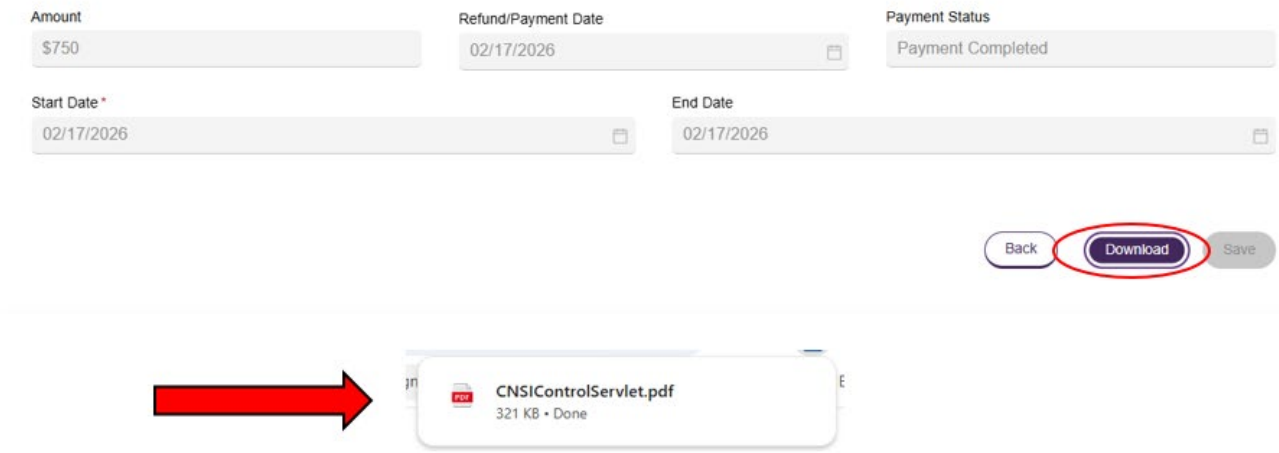
If you select **Pay Application Fee**, the fee amount will appear. Enter the Start Date as the date you are working on the application, then **click** Save.



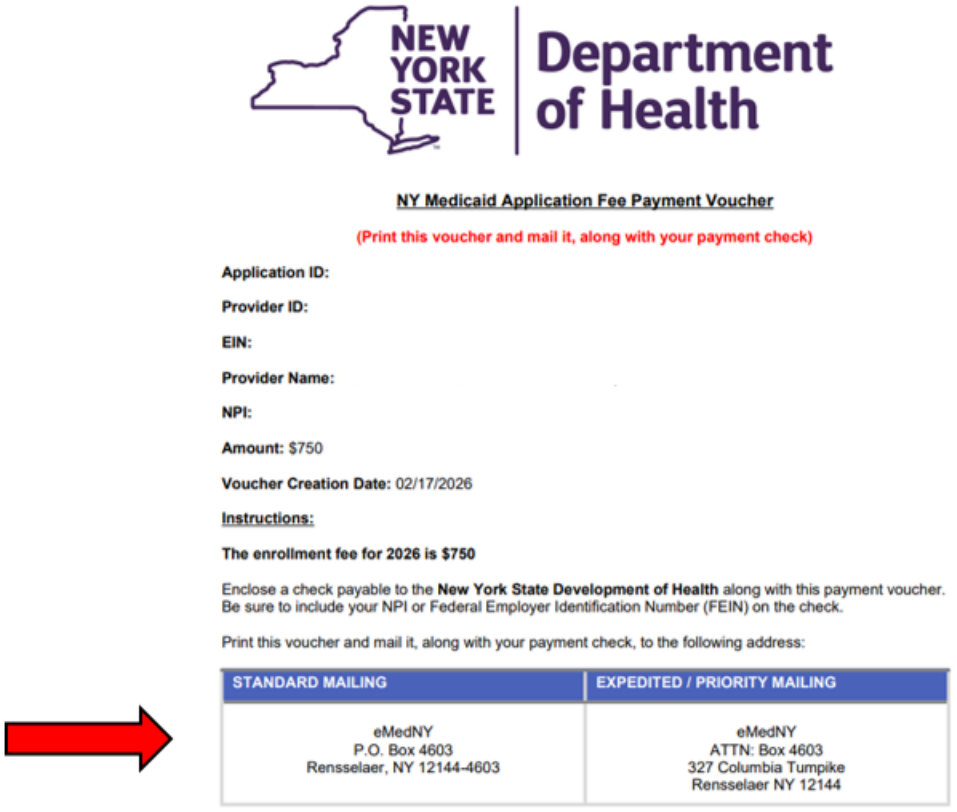
After clicking **Save** the payment status will show complete. **Click** on the edit pen underneath Actions.



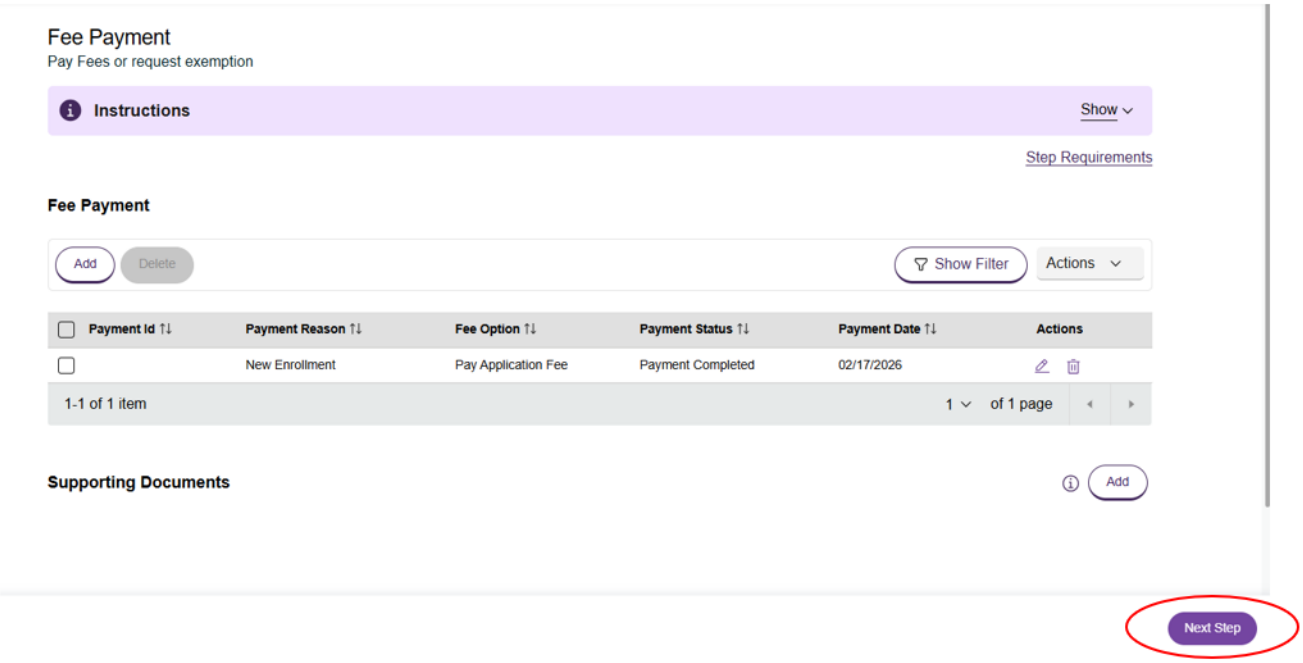
If Pay Application Fee has been selected, a pdf document named CNSIControlServlet.pdf will appear. This is the *New York State Medicaid Application Fee Payment Voucher.* Select **Download** to view and **print** a copy of the fee voucher, which has been pre-populated with the required information.



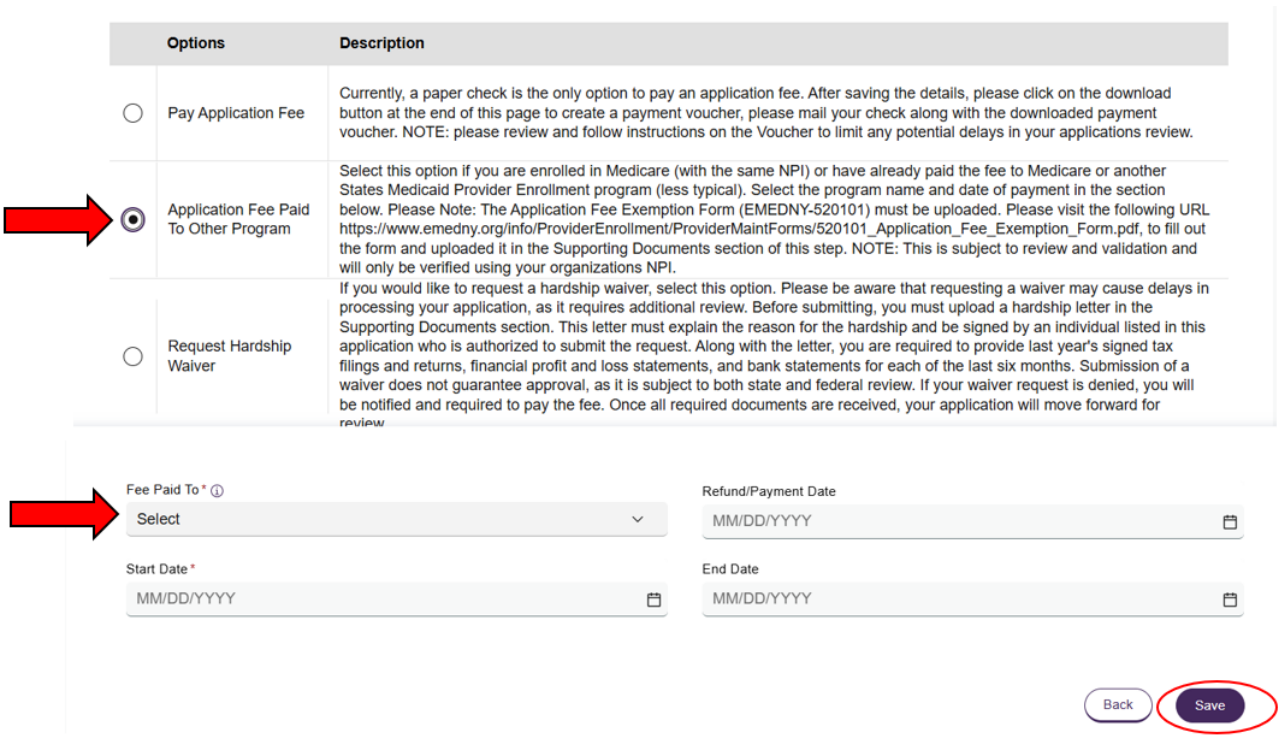
After printing the *NY Medicaid Application Fee Payment Voucher*, **mail the document and payment** choosing one of the mailing options listed at the bottom of the document.



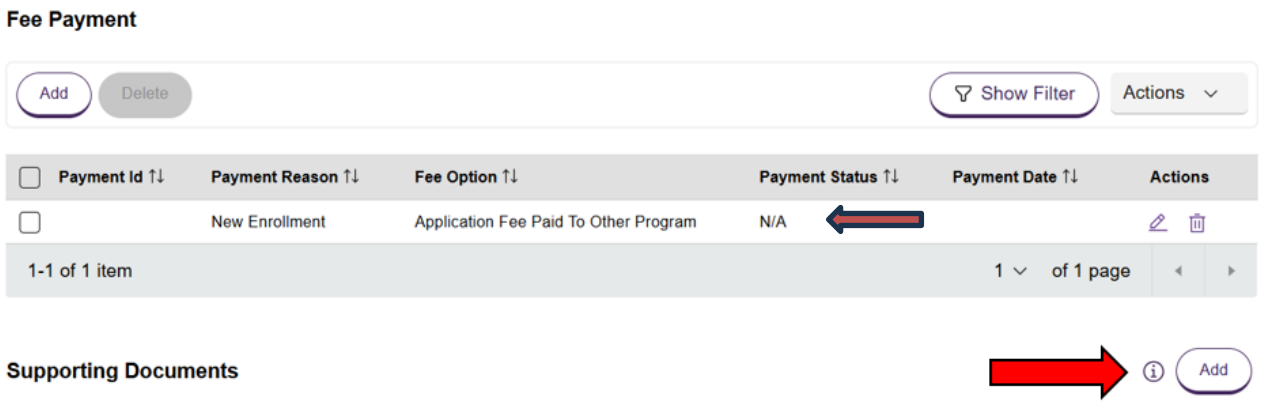
Click **Next Step** to move to **Step 10**.



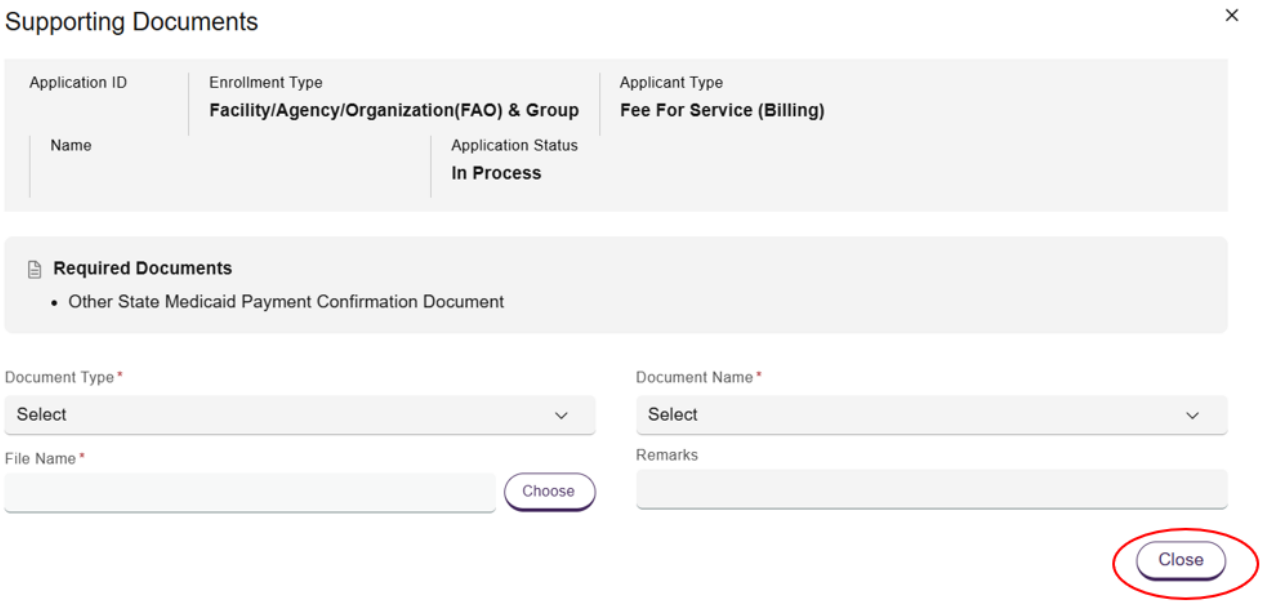
If Application Fee Paid to Other Program has been selected, complete the required fields, then click **Save**.



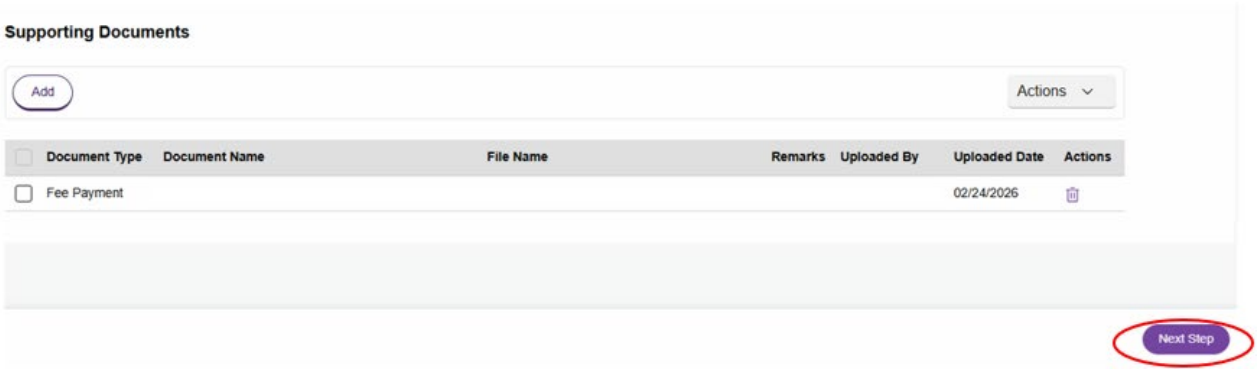
After clicking **Save,** the Payment Status will show N/A. Click **Add** next to **Supporting Documents**. Follow instructions for uploading as in previous Milestones.



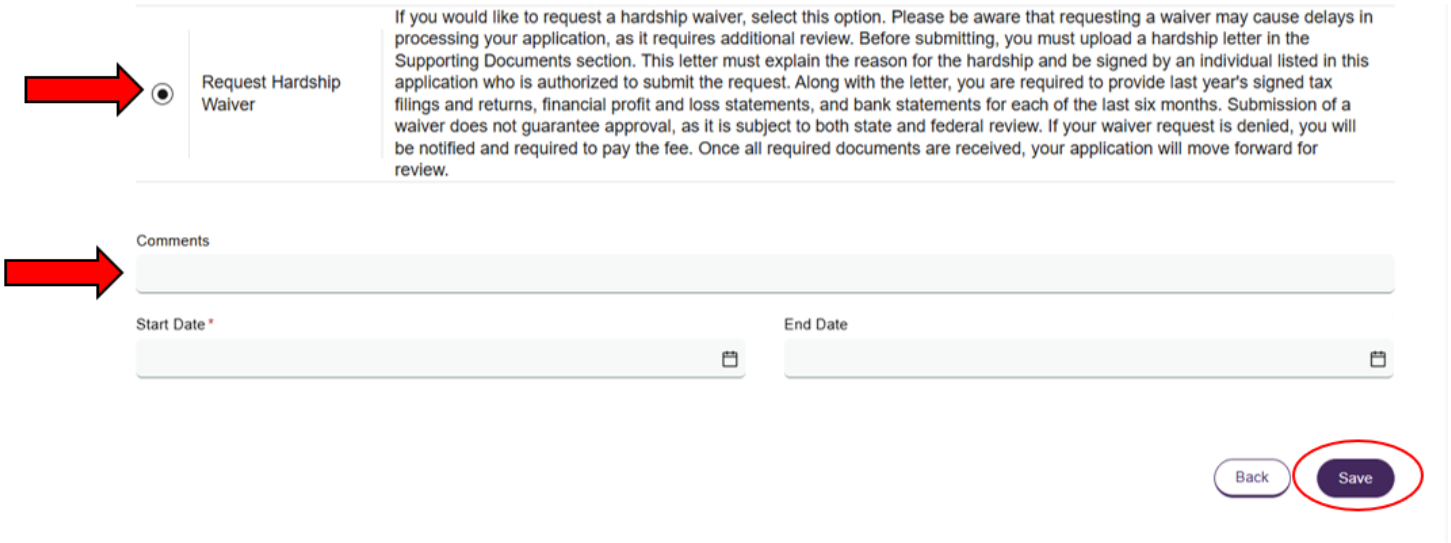
Once supporting documentation has been uploaded, click **Close**.



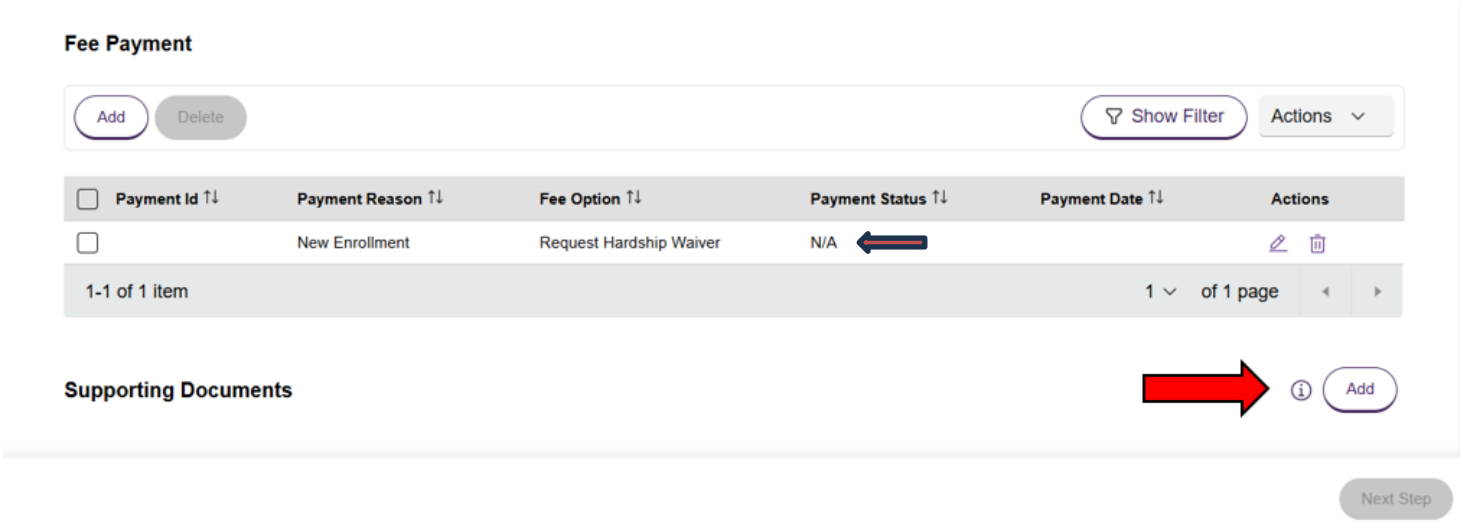
Click **Next Step** to move to **Step 10**.



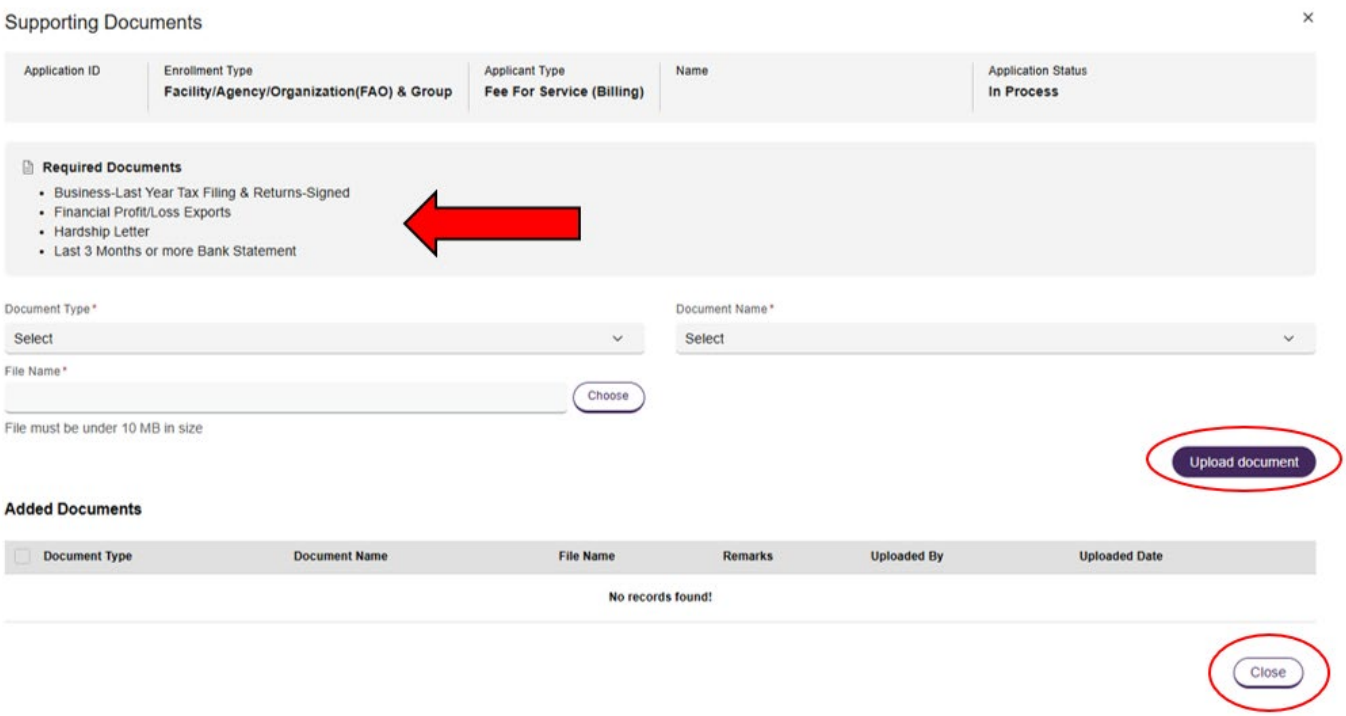
If Request Hardship Waiver has been selected, add Comments to describe the hardship and enter Start Date as the date you are working on this step. Click **Save**.



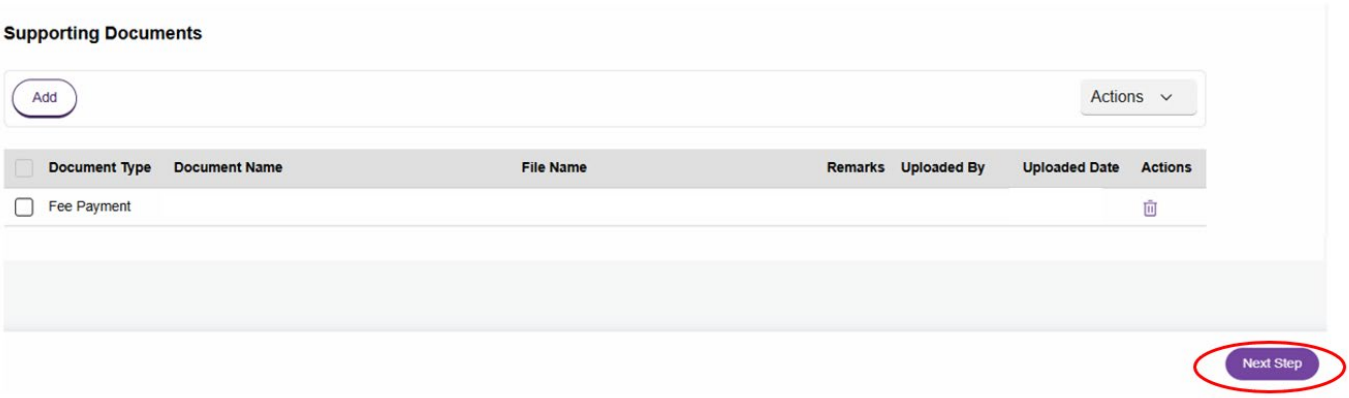
After clicking **Save** the payment status will show N/A. Click **Add** to the right of **Supporting Documentation**. Follow instructions for uploading as in previous Milestones.



Upload the **Required Documents**. Once all required documents have been uploaded, click **Close**.



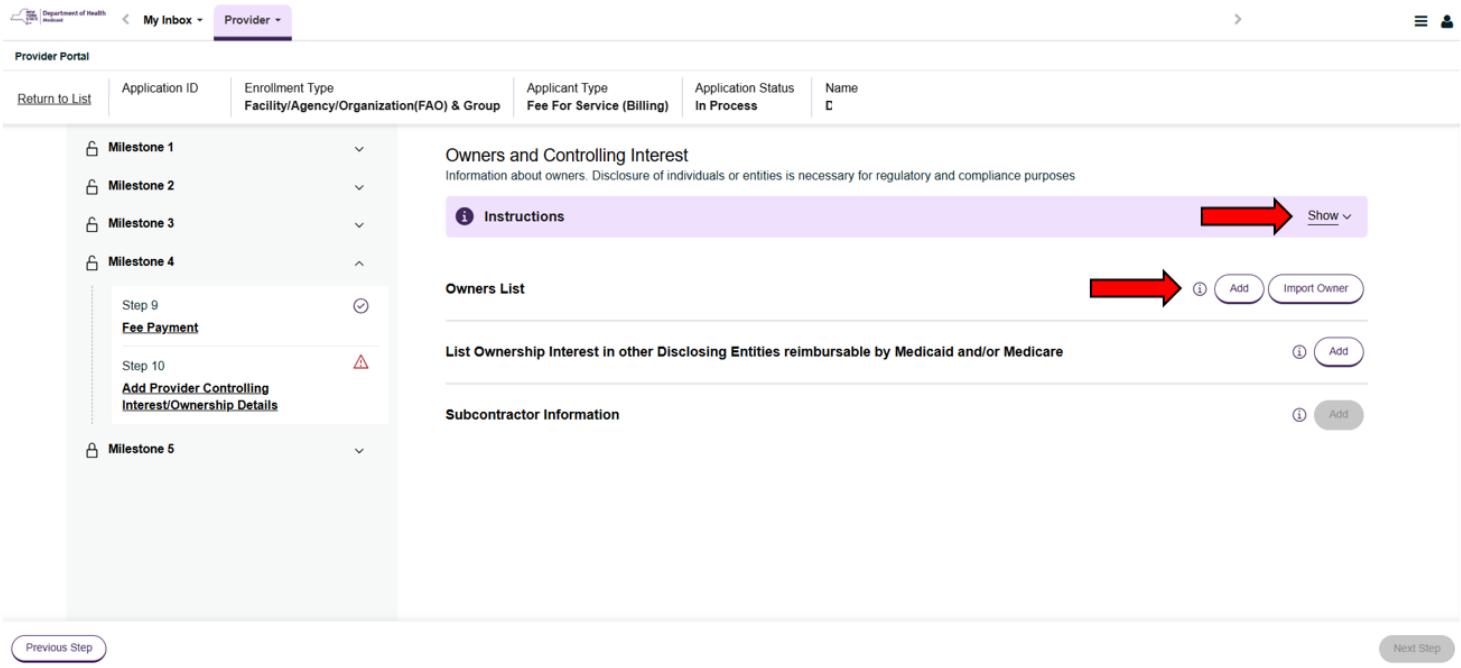
Click **Next Step** to move to **Step 10**.



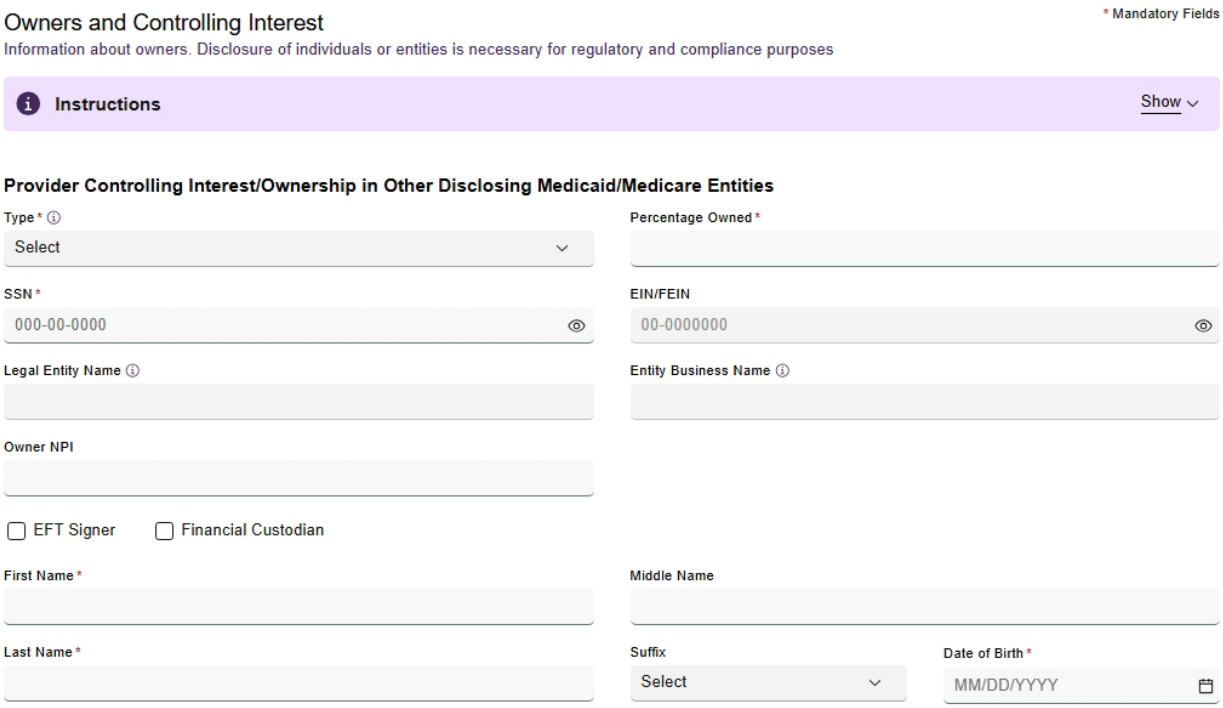
Step 10 Completion of Add Provider Controlling Interest/Ownership Details.

Providers are required to disclose details of controlling interest in and ownership of the applicant, including information for each of the parties, relationships with other individuals and/or providers who have controlling interest or are managing employees in the applicant. . TIP: As you enter information, review the (⚠) icon, there you will find information related to required section ownership or managing employee types which must be disclosed.

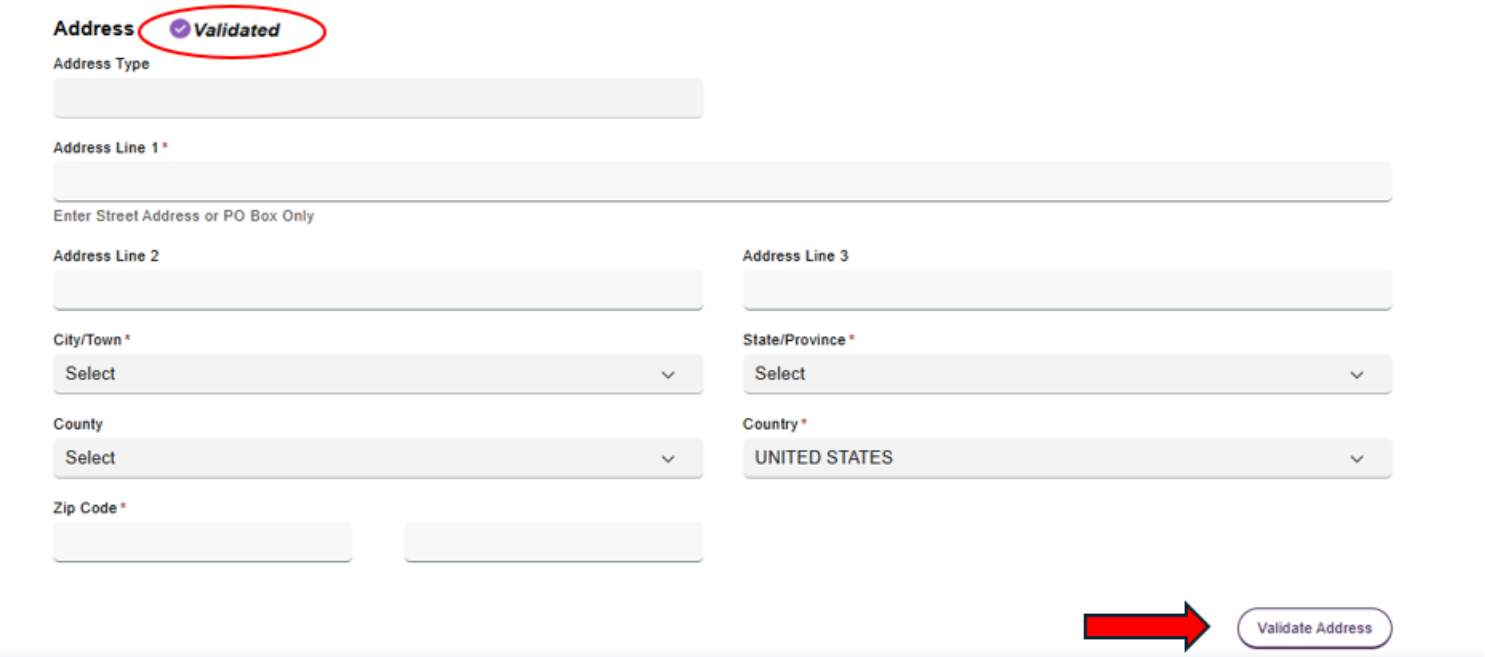
Click the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide instructions for that step. Click **Add** next to the **Owner's List**.



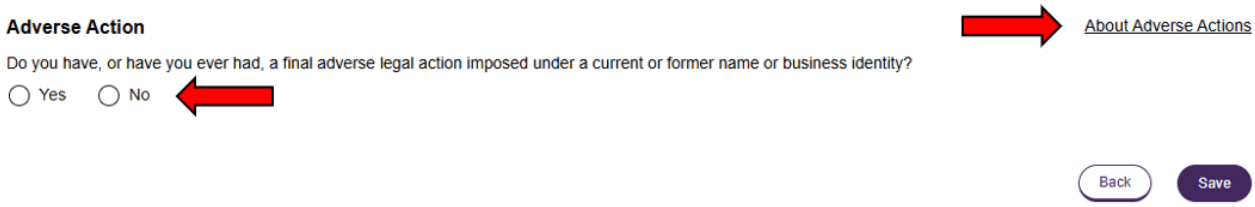
Complete the required fields on the **Owners and Controlling Interest** page.



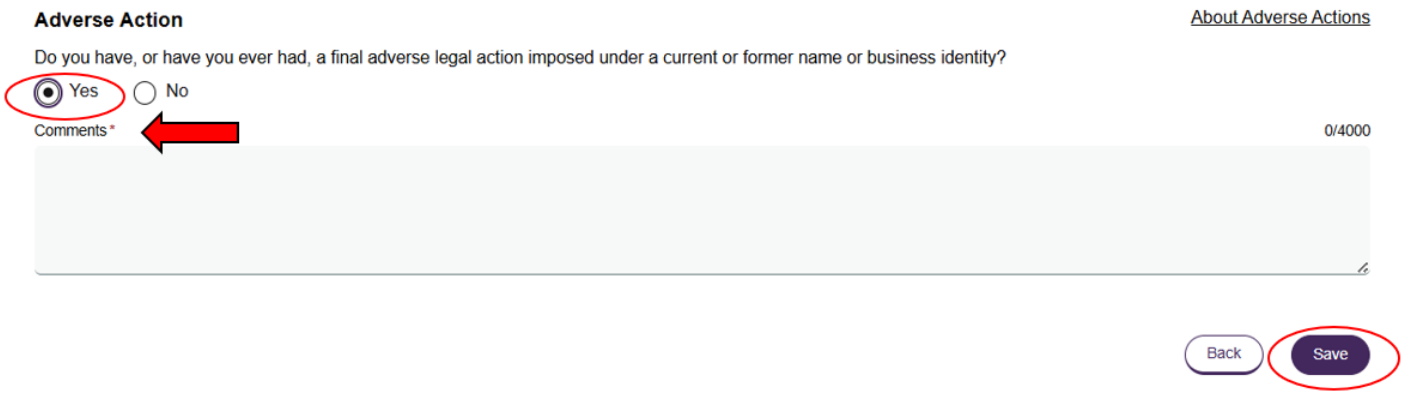
After entering the Home address (of individual), Business/Org address (if non-individual type) disclosed, *click* **Validate Address**. If an error message is received, correct the error. Otherwise, **Validated** will be shown next to **Address.**



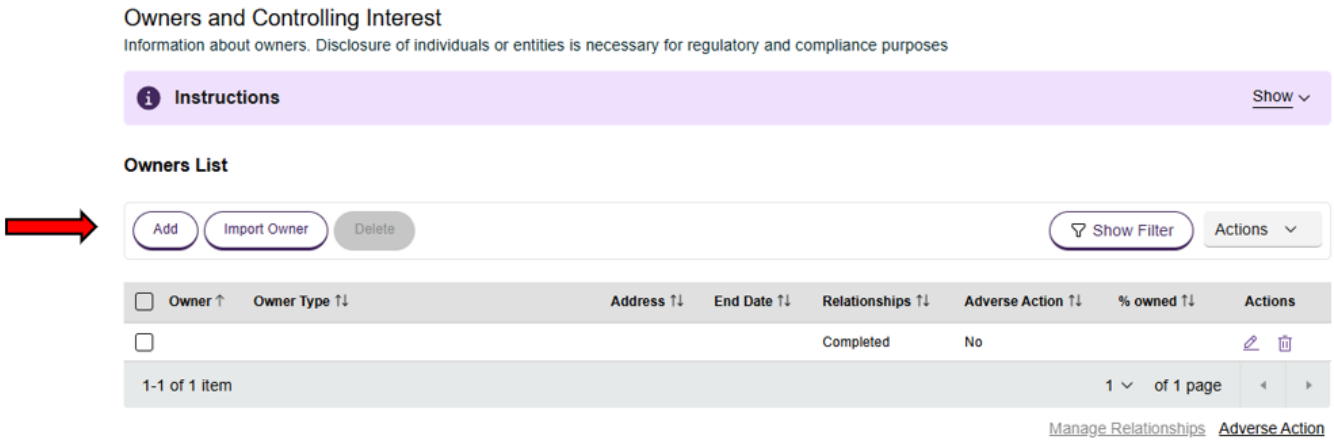
Select **Yes** or **No** under **Adverse Action**. Click **About Adverse Actions** for more information.



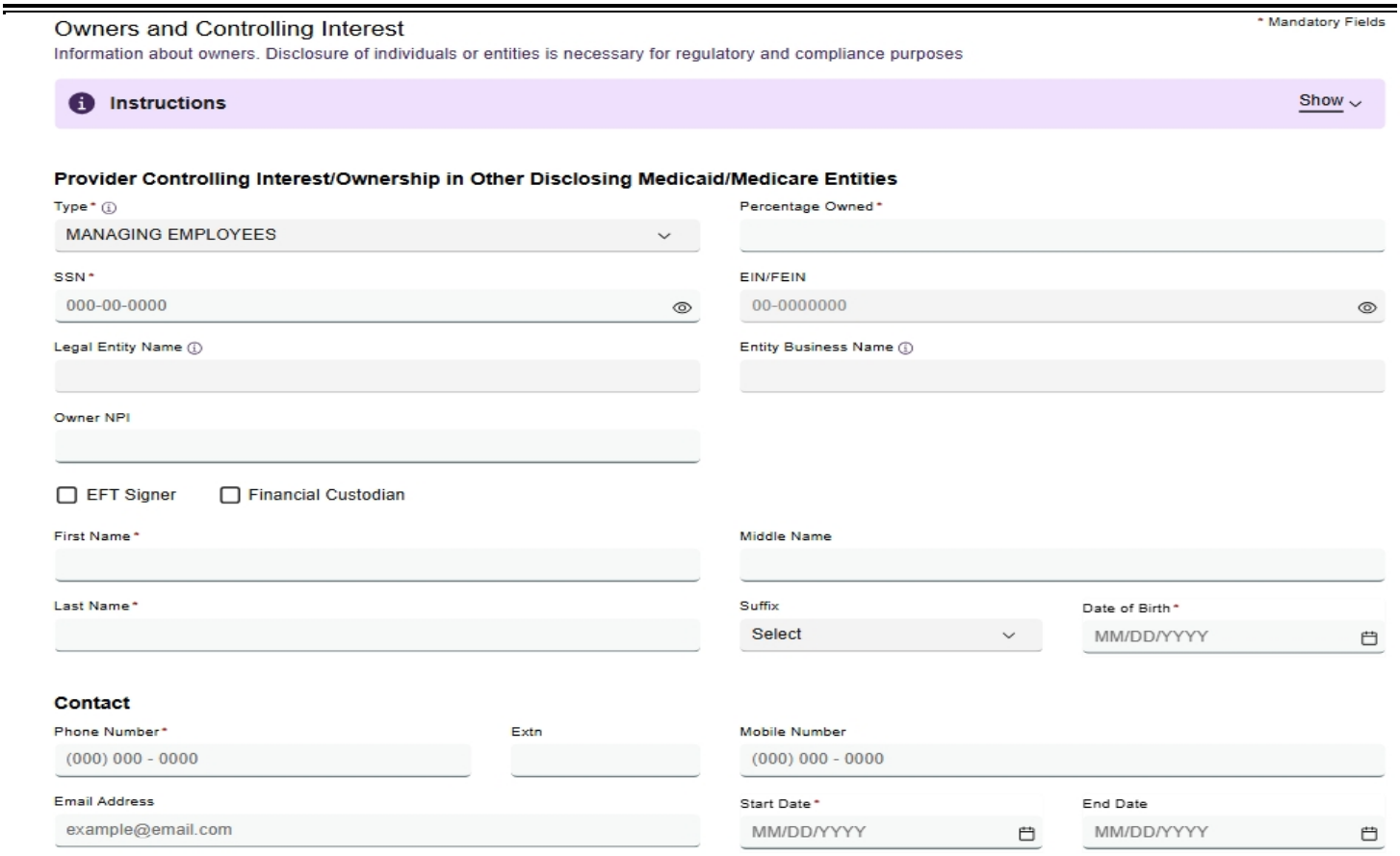
If you Select **Yes**, a **Comments** box will pop up. Add a comment describing the circumstances around the adverse action. Click **Save**.



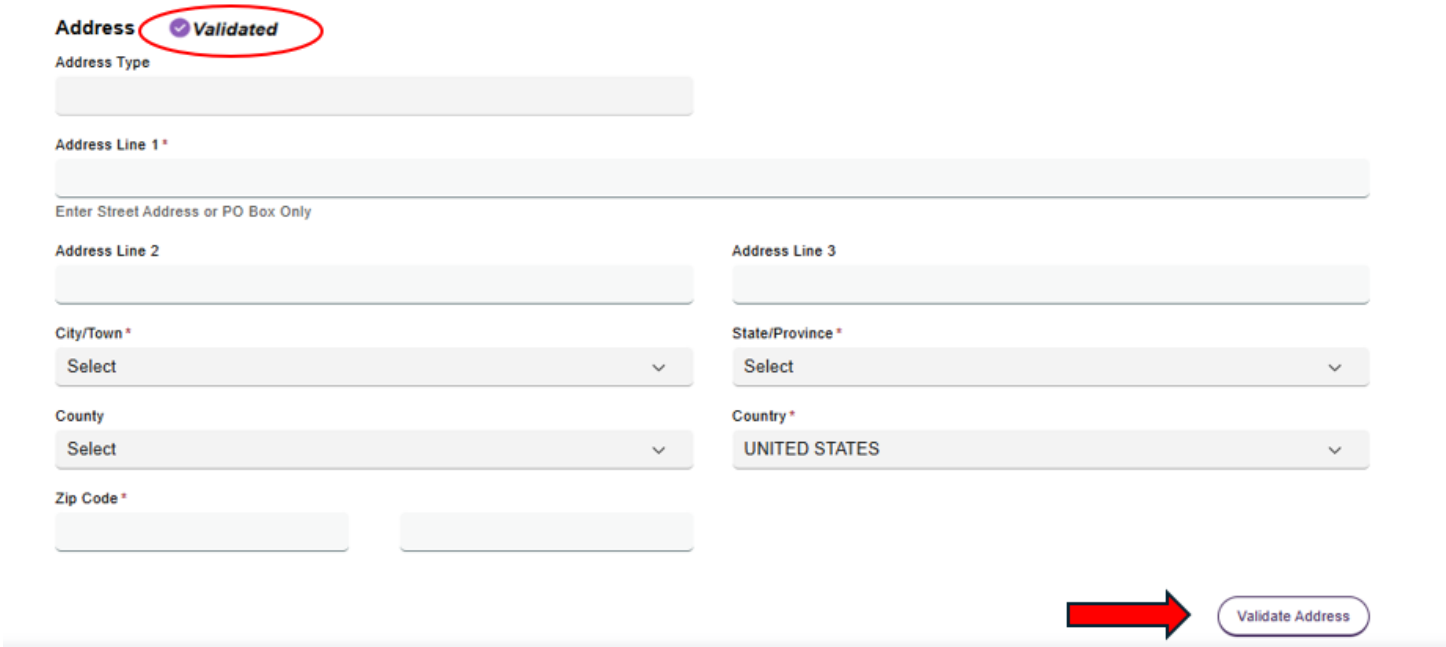
Click **Add** under **Owners List** to add additional **Owners** and **Managing Employees**.



Complete the required fields on the **Owners and Controlling Interest** page for **Managing Employees**.

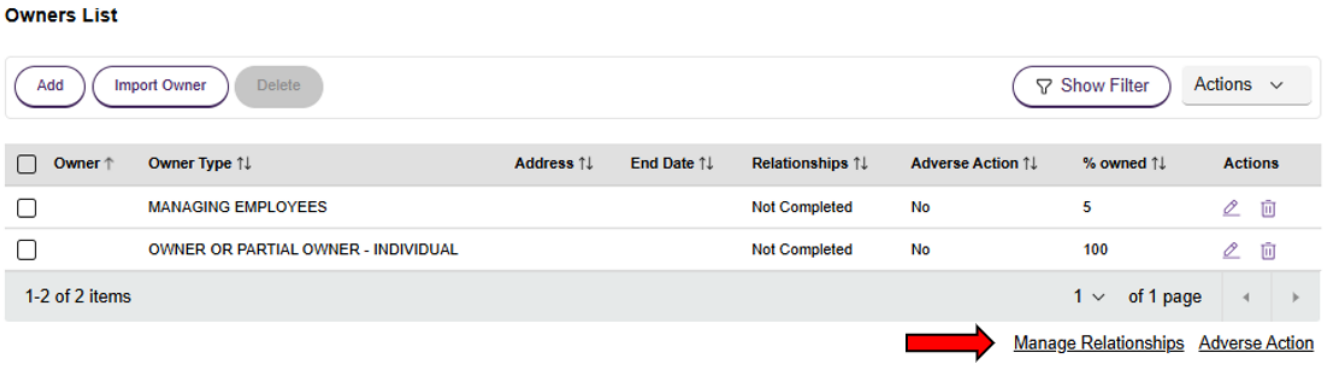


After entering the address *click* **Validate Address**. If an error message is received, correct the error. Otherwise, **Validated** will be shown next to **Address.**

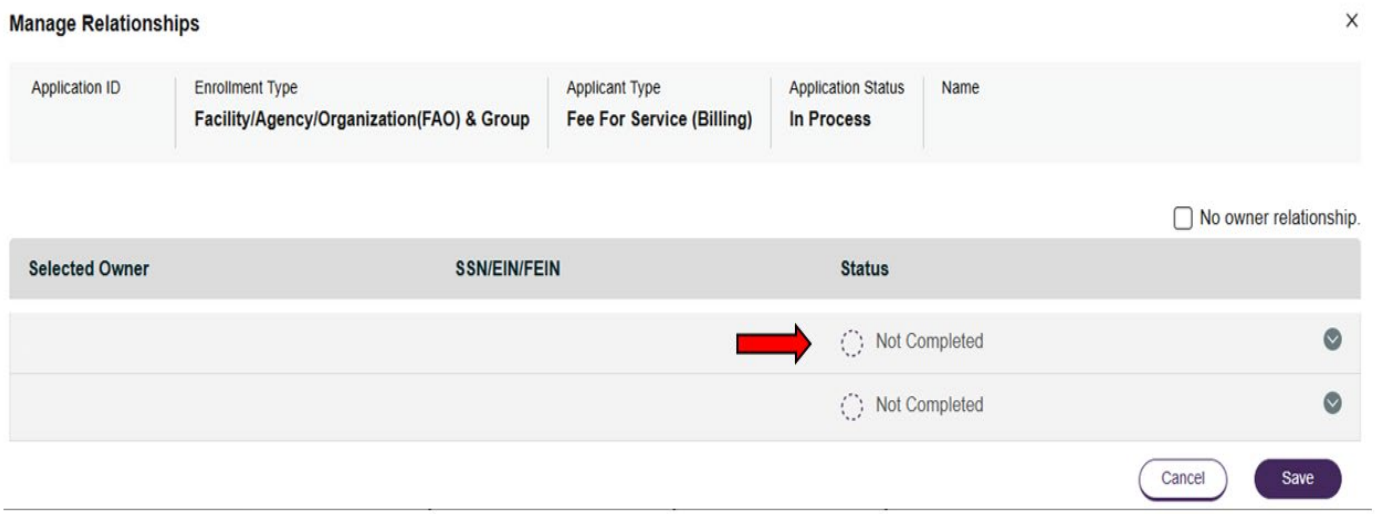


Fill out the **Adverse Action**. Follow instructions as previously explained for the **Owners and Controlling Interest**. Click **Save**.

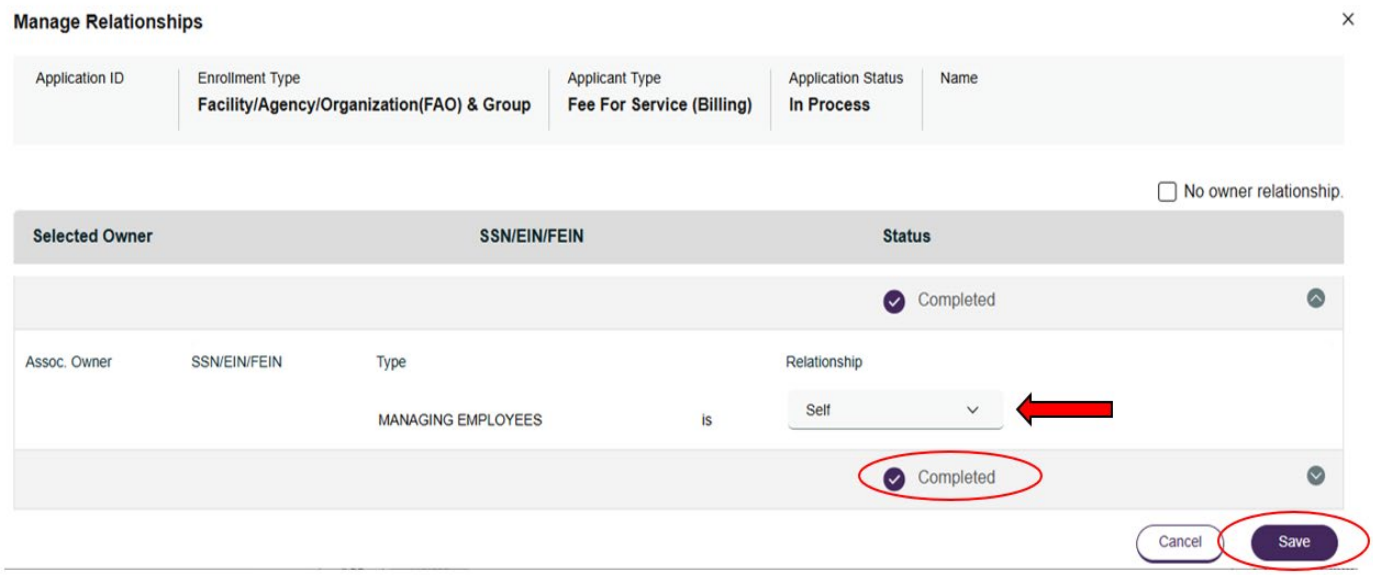
Once Owners, those with a Controlling Interest, and Managing Employees have been entered, click **Manage Relationships**.



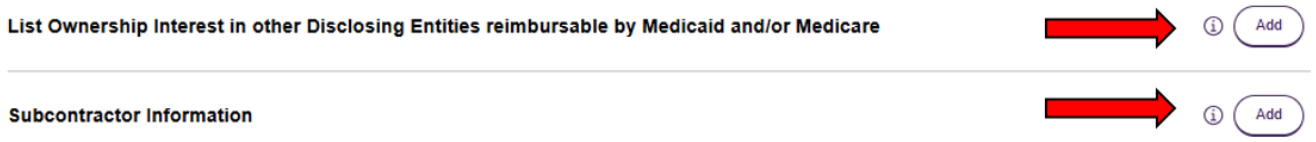
Click **Not Completed** in the Status Column.



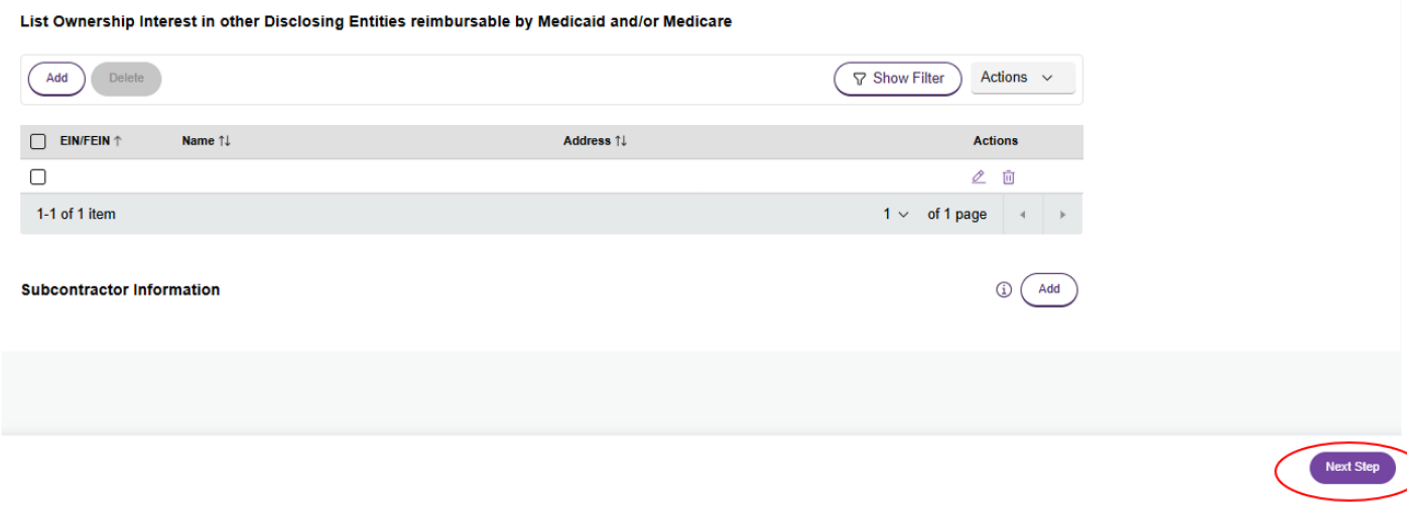
Select the **Relationship** type from the dropdown for each individual or entity listed. Once complete, click **Save**.



If applicable, complete the **List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare** and **Subcontractor Information.** Follow instructions as explained for previous steps.



Once the **Owners and Controlling Interest** section has been completed, click on **Next Step** at the bottom right.



A screen will pop up to indicate that Milestone 4 is complete. **Click** Okay to acknowledge and move on to Milestone 5.